STATE ARCHIVES OF MICHIGAN – REFERENCE REQUEST FORM Please print or type.
Name:
U.S. Mail Address (number/street/apt./city/state/ZIP code):
Phone Number (with area code): ()
E-mail address:
Request:

Mail to:

State Archives of Michigan Michigan Historical Center 702 West Kalamazoo St. Lansing, MI 48909-8240 or

Fax to: (517) 241-1658